

of the Northern Rockies

Testimony Supporting HB 653:

Prohibiting smoking in an automobile with a child in the vehicle

February 19, 2007

Chairman Rice and Members of the Committee,

I am Dick Paulsen, representing the American Lung Association of the Northern Rockies. We strongly support the protection of children who are in automobiles in Montana from anyone being allowed to seriously harm them, including smoking a cigarette or cigar while the child is in the car.

Here is why – Cigarette smoke not only can but has resulted in children losing their life and health. The list includes SIDS (Sudden Infant Death Syndrome), asthma, bronchitis, pneumonia, ear infections, and brain problems. It is most harmful to the developing bodies.

Here are the numbers and facts:

1. Secondhand smoke is responsible for between 150,000 and 300,000 lower respiratory tract infections in infants and children under 18 months of age, resulting in between 7,500 and 15,000 hospitalizations each year, and causes 1,900 to 2,700 sudden infant death syndrome (SIDS) deaths in the United States annually.
2. Secondhand smoke exposure can create a buildup of fluid in the middle ear, resulting in 700,000 to 1.6 million physician office visits per year.
3. Secondhand smoke aggravates asthma symptoms in 400,000 to 1,000,000 children with asthma. If you have asthma and you are child, second hand smoke makes it worse.
4. In the United States, 21 million, or 35 percent of, children live in homes where residents or visitors smoke in the home on a regular basis. Approximately 50-75 percent of children in the United States have detectable levels of cotinine, the breakdown product of nicotine in the blood.
5. The Surgeon General's Report concluded that scientific evidence indicates that there is no risk-free level of exposure to second hand smoke. Short exposures to second hand smoke can cause blood platelets to become stickier, damage the lining of blood vessels, decrease coronary flow velocity reserves, and reduce heart rate variability, and creating heart attacks in many.

Other affects of ETS (Environmental Tobacco Smoke) on children

The Ears: Exposure to ETS increases both the number of ear infections a child will experience, and the duration of the illness. Inhaled smoke irritates the eustachian tube, which connects the back of the nose with the middle ear. This causes swelling and obstruction which interferes with pressure equalization in the middle ear, leading to pain, fluid and infection. Ear infections are the most common cause of children's hearing loss. When they do

not respond to medical treatment, the surgical insertion of tubes into the ears is often required.

Why should Montana begin to protect children from ETS in automobiles?

We must protect the most vulnerable young children who are exposed daily to concentrations of tobacco smoke in cars which are far higher than anything adults will ever encounter in a bar, and at higher concentrations of exposures of deadly cancer-causing toxin in their homes.

There are valid scientific studies that show that parental smoking effects on children each year causes 5.4 million serious ailments, costs \$4.6 billion in medical expenses alone, and ultimately costs the American economy \$8.2 billion.

Society already requires parents to protect their children in cars by putting them in safety seats.

I ask: Why not require them to also refrain from smoking for a short while -- an imposition which many may see as less intrusive than requirements that adults themselves always buckle up, and one which affects only a minority of the population?

I also ask: Since we also must slow down to let children cross safely at cross walks, placing an inconvenience on drivers of cars -- but we slow down for the safety of our children -- can we not also demand that people simply be a little inconvenienced and wait a little time in order to smoke outside of their cars when children are present?

Children both need and deserve more protection from tobacco smoke pollution than adults and it's high time they begin to get it.

We must take the needed steps to make that happen. The bill has no implementation date. Together, let's look at a process that makes the bill work and provide the needed mechanisms for education and implementation. They go hand in hand. The sooner we begin -- the better.

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